

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 8

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Medicaid Health Plans of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRIAN BILBRAY FOR CONGRESSMailing Address 970 SEACOAST DRIVE
7

City IMPERIAL BEACH State CA Zip Code 91932

Purpose of Disbursement
Political Contribution

011

Candidate Name

BRIAN PHILLIP BILBRAYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2012

Transaction ID : SB23.4344

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement
Political Contribution

011

Candidate Name

MIKE MR. THOMPSONOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2012

Transaction ID : SB23.4347

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. THE COMMITTEE FOR THE PRESERVATION OF CAPITALISM

Mailing Address PO BOX 65314

City WASHINGTON State DC Zip Code 20035

Purpose of Disbursement
Political Contribution

011

Candidate Name

THE COMMITTEE FOR THE PRESERVATION OF CAPITALISMOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2012

Transaction ID : SB23.4374

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

3500.00